

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>League of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2016</b>		
Mailing Address 1920 L St NW Ste 800			Amount <b>27.24</b>		
City Washington	State DC	Zip Code 20036-5045	Transaction ID : E35392A264947452386D		
Purpose of Expenditure Staff Time for Press Release		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<b>27.24</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Printex, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>		
Mailing Address 35C Industrial Parkway			Amount <b>4583.57</b>		
City Woburn	State MA	Zip Code 01801-1914	Transaction ID : EF52F1D41D57D432FAE1		
Purpose of Expenditure Cooling Devices		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<b>453434.09</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4610.81</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 30 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>2315.00</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>EADF5E2D338E3421F86E</b>		
Purpose of Expenditure Pledge Cards		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>453434.09</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>League of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>		
Mailing Address 1920 L St NW Ste 800			Amount <b>3312.00</b>		
City Washington	State DC	Zip Code 20036-5045	Transaction ID : <b>E3B0A7456A4E147F580E</b>		
Purpose of Expenditure iTouch Rental		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>453434.09</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5627.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 30 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>3891.03</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>E3FF246604E5F4C84BE1</b>		
Purpose of Expenditure T-Shirts		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>		
Mailing Address 100 East Grand Ste 380			Amount <b>414305.25</b>		
City Des Moines	State IA	Zip Code 50309-1801	Transaction ID : <b>E962F7B615FB04E118B2</b>		
Purpose of Expenditure Field Canvass Consulting		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2016</b>		
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>418196.28</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 30 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2016</b>	
Mailing Address 2001 N Beauregard St Ste 420		Amount 25000.00	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : E1566BA9C4CEC4F00A56 Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2016</b>
Purpose of Expenditure Door Hangers		Category/ Type	
Name of Federal Candidate Catherine Cortez Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		453434.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	453434.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 30 / 2016

Signature